



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/016,850	
	Filing Date	December 14, 2001	
	First Named Inventor	Patrick M. Hughes	
	Group Art Unit	1612	
	Examiner Name	Fay, Zohreh A	
Total Number of Pages in This Submission	4	Attorney Docket Number	D-3004

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Return receipt postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Stout, Uxa, Buyan & Mullins, LLP		
Signature			
Printed Name	Carlos A. Fisher		
Date	April 9, 2008	Reg. No.	36,510

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO at fax number 571-273-8300, or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature			
Typed or printed name	Shawanna Weddell	Date	April 9, 2008

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FEE TRANSMITTAL

For FY 2008

Patent fees are subject to annual revision.

☐ Application claims small entity status. See 37 CFR 1.27
TOTAL AMOUNT OF PAYMENT (\$)
510.00

Complete if Known

Application Number 10/016,850
 Filing Date December 14, 2001
 First Named Inventor Patrick M. Hughes
 Examiner Name Fay, Zohreh A
 Art Unit 1612
 Attorney Docket No. D-3004

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number 01-0885 Deposit Account Name Allergan, Inc

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) associated with this communication ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	
Subtotal (1)							0

2. EXCESS CLAIM FEES

Fee Description				Small Entity	
				Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent				50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent				210	105
Multiple Dependent Claims				370	185
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
-20 or HP = _____ x _____				<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
HP = highest number of total claims paid for, if greater than 20				0	0
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		
-3 or HP = _____ X _____					
HP = highest number of independent claims paid for, if greater than 3					
				Subtotal (2)	0

3. APPLICATION SIZE FEE

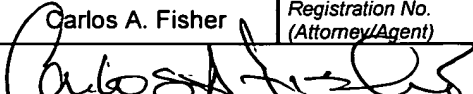
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100 = _____ /50= _____ (round up to a whole number)				
Subtotal (3)				0

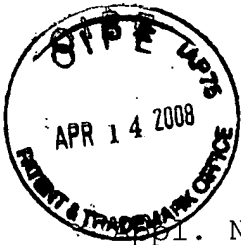
4. OTHER FEE(S)

<input type="checkbox"/> Surcharge - Late filing fee or oath/declaration: \$130 fee (\$65 small entity discount)	
<input type="checkbox"/> Non-English Specification: \$130 fee (no small entity discount)	
<input checked="" type="checkbox"/> 1-month extension of time: \$120 fee (\$60 small entity discount)	120.00
<input type="checkbox"/> 2-month extension of time: \$460 fee (\$230 small entity discount)	
<input type="checkbox"/> 3-month extension of time: \$1050 fee (\$525 small entity discount)	
<input type="checkbox"/> 4-month extension of time: \$1640 fee (\$820 small entity discount)	
<input type="checkbox"/> 5-month extension of time: \$2230 fee (\$1115 small entity discount)	
<input type="checkbox"/> Information Disclosure Statement Fee: \$180 fee (no small entity discount)	
<input checked="" type="checkbox"/> Notice of Appeal: \$510 fee (\$255 small entity discount)	510.00
<input type="checkbox"/> Filing a Brief in Support of Appeal: \$510 fee (\$255 small entity discount)	
<input type="checkbox"/> Request for Oral Hearing: \$1030 fee (\$515 small entity discount)	
<input type="checkbox"/> Utility Issue Fee: \$1440 fee (\$720 small entity discount)	
<input type="checkbox"/> Recording each patent assignment per property (times number of properties): \$40 fee (no small entity fee discount)	
<input type="checkbox"/> Request for Continued Examination: \$810 fee (\$405 small entity discount)	
<input type="checkbox"/> Other: _____	
Subtotal (4)	510.00

SUBMITTED BY

Name (Print/Type)	Carlos A. Fisher	Registration No. (Attorney/Agent)	36,510	Telephone	949-450-1750
Signature				Date	April 9, 2008





1R
APR 14 2008

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

App. No. : 10/016,850 Confirmation No. 7435
Applicant : HUGHES et al.
Filed : December 14, 2001
Title : PHARMACEUTICAL CONJUGATES WITH ENHANCED
PHARMACOKINETIC CHARACTERISTICS

TC/A.U. : 1600/1618
Examiner : FAY, Z.

Docket No. : D-3004
Customer No. : 33197

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

NOTICE OF APPEAL

Dear Sir,

Applicants hereby appeal from the Final Rejection mailed January 9, 2008 in the present case. A check for the requisite fee is enclosed with this Notice of Appeal. No further fees are thought due; however, if Appellants are in error in this regard kindly use Deposit Account No. 21-0890 for the payment of any such fee now due.

Respectfully submitted,

Carlos A. Fisher
Reg. No. 36,510
Attorney for Applicants
Stout, Uxa, Buyan & Mullins LLP
4 Venture
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Irvine, California 92618
(949)-450-1750

CERTIFICATE OF MAILING OR FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the Patent and Trademark Office fax number 571-273-8300, or mailed by first class mail to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Date: April 9, 2008
Name: Shawanna Waddell

04/14/2008 CHGUYEN2 000000084 10016850

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